Effective December 29, 1999 Output Description Record Effective December 29, 1999											
		CLAIM		FILED -	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY				
FOR			UMBE	R FILED	NUMBER	EXTRA	RATE	FEE	1	RATE	FEE
BASIC FEE							1. 17 3	345.00	OR		690.00
TOTAL CLAIMS					20= +		X\$ 9=	=	OR	X\$18=	324
INDEPENDENT CLAIMS 4 minus 3 = *						X39=		OR	X78=	78	
MU	LTIPLE DEPEN	IDENT CLA	AIM PR	ESENT	+130=	_	1	+260=	- 10		
* If	the difference	in column	n 1 is le	ess than ze	TOTA		OR OR	TOTAL	1092		
	C	LAIMS A	AS AI	MENDED	IOIX		JOH	OTHER	THAN		
						(Column 3)	SMAL	L ENTITY	OR	SMALL I	
AMENDMENT A		CLAIM REMAIN AFTEI AMENDM	ING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=	:	OR	X\$18=	
	Independent	*		Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION	OF MU	LTIPLE DEP	PENDENT CLAIM		+130=		1	+260=	
							TOT/		OR	TOTAL	
		(Colum	n 1)		ADDIT. FE	E L	OR	ADDIT. FEE			
AMENDMENT B		CLAIM REMAIN AFTE AMENDM	IS IING R		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=	:	OR	X\$18=	
	Independent	*		Minus	***	= '	X39=		OR	X78=	
	FIRST PRESE	INTATION (OF MU	LIIPLE DEF	+130=	:	OR	+260=			
					TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE			
		(Colum	n 1)		ADDIT. FE			AUUII. FEE!			
AMENDMENT C	•	CLAIM REMAIN AFTE AMENDM	IS IING R		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*		Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	=	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 	1		
	If the entry in colu	mn 1 is less	than the	e entry in colu	mn 2, write "0" in co	olumn 3.	+130=		OR	+260=	

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

TOTAL

ADDIT. FEE

Application or Docket Number

TOTAL

ADDIT. FEE

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/515793

Total Fee Calculation

nontree Calculation											
Fee Cade	Taul # Claims	Number Etter	Y Fee	Fcc -	Tatal						
Sm./Lg. 201/101 201/103 202/102 204/104 205/105 119	38 20-	18 x	Sm. Entiry	1690 . 3011 . 178 .	690 324 78 130						
ne application:	122	2									
2 - bsni	ϕ										
= S \$\frac{1}{2} \text{Xamination}	122	2									
	Sm./Lg. 201/101 201/103 202/102 204/104 205/105 139 STION Te application: = S	Fee Code # Claims Sm./Lg. 201/101 201/103 202/102 204/104 205/105 139 STION See application: = \$ 22 \$ 22 \$ 22 \$ 22 \$ 22 \$ 22 \$ 22 \$ 22 \$ 22 \$ 22 \$ 22	Fee Code # Claims Etter : Sm./Lg. 201/101 203/103 38 -20 - 18 x 201/102 203/103 119 TION TION Tee application: = \$ 222	Fee Code # Claims Number X Fee Sm. Entity 201/101 38 .20 - 18 X 202/102 4 .1 - 204/104 205/105 ITION Ited - S = S Ited - S Ited - S Ited - S Ited - S Ited - S Ited - S Ited - S Ited - S	Total Number X Fee Fee -						